



Alabama Interagency Autism Coordinating Council

Membership Application

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child with ASD, and five service providers. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. The AIACC Bylaws/Membership Committee reviews applications and submits them to the Governor for consideration and appointment. Applicants will receive notice of receipt of your application packet.

In order to be considered for a seat on the Council, you will need to include the following in your Nomination Packet:

- Membership Application Form-*
- Letter of Recommendation-*

Incomplete Application Packets will not be considered.

Submit Application Packet to:
Alabama Department of Mental Health
Attn: AIACC / Autism Coordinator
100 North Union Street, P.O. Box 301410, Montgomery, AL 36130
P) 205-478-3402 • F) 334-242-0542
anna.mcconnell@mh.alabama.gov



Alabama Interagency Autism Coordinating Council Membership Application

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Preferred Phone:** _____

Alternate Phone: _____ **Fax (if applicable):** _____

Race: ☐ White ☐ Black or African America ☐ Hispanic or Latino
☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Gender: ☐ Male ☐ Female

Describe the area where you live: ☐ Urban ☐ Rural

For which membership category of the AIACC are you applying?

☐ Adult Individual 19 years of age or older with ASD (*What is your age?* _____)

☐ Parent or Guardian of a child 18 years of age or younger with ASD (*What is your child's age?* _____)

☐ *Service Provider (*Employer:* _____ *Job Title:* _____)
(*Geographic Area Served:* _____)

☐ *Private health insurance carrier representative (*Employer:* _____)
(*Job Title:* _____ *Geographic Area Served:* _____)

I am interested in serving on the Council because... _____

My experience and qualifications include (may include any educational or training experience): _____

What knowledge and skills would you bring to the Council? _____

Can you commit to consistent attendance at Council meetings, scheduled quarterly? _____

Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work? _____

***If you are applying for a Service Provider or Insurance Representative Council seat:**

Does your employer support your participation? _____

What is your current job description? _____

You may add additional pages to your Nomination Form if this page does not provide sufficient space.

-A Letter of Recommendation must be included in your Nomination Packet.-

Submit completed Application Packet to:

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